

# EXHIBIT A

EXHIBIT A

A- 15- 713050- C

## DISTRICT COURT CIVIL COVER SHEET

XXI I

Clark County, Nevada

Case No. \_\_\_\_\_  
(Assigned by Clerk's Office)**I. Party Information** (provide both home and mailing addresses if different)

Plaintiff(s) (name/address/phone): Linda Welsh	Defendant(s) (name/address/phone): Sonoran Barbeque Nevada, LLC. d/b/a and a/k/a Famous Dave's, a Nevada limited company; EMPLOYEE(S)/AGENT(S) DOES 1-10; AND ROS CORPORATIONS 11-20, inclusive
Attorney (name/address/phone): Gabroy Law Offices 170 S Green Valley Parkway, Suite 280 Henderson, NV 89012 (702) 259-7777	Attorney (name/address/phone):


**II. Nature of Controversy** (please select the one most applicable filing type below)**Civil Case Filing Types**

<b>Real Property</b> <b>Landlord/Tenant</b> <input type="checkbox"/> Unlawful Detainer <input type="checkbox"/> Other Landlord/Tenant <b>Title to Property</b> <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Other Title to Property <b>Other Real Property</b> <input type="checkbox"/> Condemnation/Eminent Domain <input type="checkbox"/> Other Real Property	<b>Negligence</b> <input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence <b>Malpractice</b> <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Other Malpractice	<b>Torts</b> <b>Other Torts</b> <input type="checkbox"/> Product Liability <input type="checkbox"/> Intentional Misconduct <input checked="" type="checkbox"/> Employment Tort <input type="checkbox"/> Insurance Tort <input type="checkbox"/> Other Tort
<b>Probate</b> <b>Probate</b> (select case type and estate value) <input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside <input type="checkbox"/> Trust/Conservatorship <input type="checkbox"/> Other Probate <b>Estate Value</b> <input type="checkbox"/> Over \$200,000 <input type="checkbox"/> Between \$100,000 and \$200,000 <input type="checkbox"/> Under \$100,000 or Unknown <input type="checkbox"/> Under \$2,500	<b>Construction Defect &amp; Contract</b> <b>Construction Defect</b> <input type="checkbox"/> Chapter 40 <input type="checkbox"/> Other Construction Defect <b>Contract Case</b> <input type="checkbox"/> Uniform Commercial Code <input type="checkbox"/> Building and Construction <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Commercial Instrument <input type="checkbox"/> Collection of Accounts <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other Contract	<b>Judicial Review/Appeal</b> <b>Judicial Review</b> <input type="checkbox"/> Foreclosure Mediation Case <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Mental Competency <b>Nevada State Agency Appeal</b> <input type="checkbox"/> Department of Motor Vehicle <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Nevada State Agency <b>Appeal Other</b> <input type="checkbox"/> Appeal from Lower Court <input type="checkbox"/> Other Judicial Review/Appeal
<b>Civil Writ</b> <b>Civil Writ</b> <input type="checkbox"/> Writ of Habeas Corpus <input type="checkbox"/> Writ of Mandamus <input type="checkbox"/> Writ of Quo Warrant <input type="checkbox"/> Writ of Prohibition <input type="checkbox"/> Other Civil Writ		<b>Other Civil Filing</b> <b>Other Civil Filing</b> <input type="checkbox"/> Compromise of Minor's Claim <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Other Civil Matters

Business Court filings should be filed using the Business Court civil coversheet.

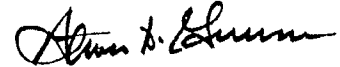
01/28/2015

Date

  
 Signature of initiating party or representative

See other side for family-related case filings.

Electronically Filed  
01/28/2015 10:22:00 AM



CLERK OF THE COURT

1 **COMP**

2 GABROY LAW OFFICES

3 Christian Gabroy (#8805)

4 Ivy Hensel (#13502)

5 The District at Green Valley Ranch

6 170 South Green Valley Parkway, Suite 280

7 Henderson, Nevada 89012

8 Tel (702) 259-7777

9 Fax (702) 259-7704

10 christian@gabroy.com

11 ATTORNEYS FOR PLAINTIFF

12 **DISTRICT COURT**

13 **EIGHTH JUDICIAL DISTRICT COURT, CLARK COUNTY NEVADA**

14 LINDA WELSH, an individual;

15 Plaintiff,

16 vs.

17 SONORAN BARBEQUE NEVADA, LLC.  
18 dba and aka FAMOUS DAVE'S, a  
19 Nevada limited liability company;  
20 EMPLOYEE(S)/AGENT(S) DOES 1-10;  
21 and ROE CORPORATIONS 11-20,  
22 inclusive,

23 Defendants.

Case No.:

Dept.:

A- 15- 713050- C

XXI I

COMPLAINT

(JURY DEMAND)

24 COMES NOW Plaintiff Linda Welsh ("Plaintiff" or "Welsh,") by and through her  
25 attorney, Christian Gabroy, Esq. of Gabroy Law Offices, and hereby alleges and  
26 complains against Defendant Sonoran Barbeque Nevada, LLC doing business as and  
27 also known as Famous Dave's ("Defendant" or "Famous Dave's") as follows:

28 **JURISDICTION AND VENUE**

29 1. This is a civil action for damages under state and federal laws prohibiting  
30 unlawful employment actions and to secure the protection of and to redress deprivation of  
31 rights under these laws.

1           2.     Jurisdiction and venue is based upon the Americans with Disabilities Act  
2 ("ADA"), 42 U.S.C. §12101, *et. seq.* and NRS Chapter 613.

3           3.     Plaintiff demands a jury trial on all issues triable by jury herein.

4           4.     All alleged unlawful employment actions occurred in this judicial district.

5                                 THE PARTIES

6           5.     Plaintiff, at all relevant times, was

7                     a.    an individual residing in this judicial district;

8                     b.    an employee of Defendant as that term is defined in the Americans with  
9                         Disabilities Act ("ADA"), 42 U.S.C.A § 12111, and NRS Chapter 613;

10           6.     At all times relevant, Defendant was a domestic limited liability company  
11                     organized under the laws of Nevada. Defendant was Plaintiff's employer as that term is  
12                     defined by 42 U.S.C.A § 12111 and NRS Chapter 613.

13           7.     DOE DEFENDANTS I-X, inclusive, are persons and ROE DEFENDANTS  
14                     XI-XX, inclusive, are corporations or business entities (collectively referred to as  
15                     "DOE/ROE DEFENDANTS"), whose true identities are unknown to Plaintiff at this time.  
16                     These ROE CORPORATIONS may be parent companies, subsidiary companies, owners,  
17                     predecessor or successor entities, or business advisors, de facto partners, Plaintiff's  
18                     employer, or joint venturers of Defendants. Individual DOE DEFENDANTS are persons  
19                     acting on behalf of or at the direction of any Defendants or who may be officers,  
20                     employees, or agents of Defendants and/or a ROE CORPORATION or a related business  
21                     entity. These DOE/ROE Defendants are Plaintiff's employer(s) and are liable for  
22                     Plaintiff's damages alleged herein for their unlawful employment actions/omissions.  
23                     Plaintiff will seek leave to amend this Complaint as soon as the true identities of  
24                     DOE/ROE DEFENDANTS are revealed to Plaintiff.

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Henderson, Nevada 89012  
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### PROCEDURAL REQUIREMENTS

8. Plaintiff has satisfied all administrative and jurisdictional requirements necessary to maintain this lawsuit. Plaintiff timely filed her charge of discrimination with the Equal Employment Opportunity Commission ("EEOC") on or about September 4, 2012. A true and correct copy of Plaintiff's charge of discrimination is attached hereto as Exhibit I. Such allegations of Exhibit I are hereby incorporated herein this Complaint.

9. Subsequently, the EEOC engaged in an investigation in regards to Plaintiff's charge of discrimination. See attached questionnaire hereto Exhibit II.

10. On or about August 11, 2014, the EEOC issued a determination letter in which the EEOC found reasonable cause to believe that Defendant had violated the requirements of the ADA. See a true and correct copy of the letter of determination from the EEOC attached hereto as Exhibit III. Such allegations of the letter of determination finding reasonable cause is hereby incorporated herein this Complaint.

11. On or about November 6, 2014, the EEOC issued Plaintiff a Notice of Right to Sue. See a true and correct copy of Plaintiff's right to sue attached hereto as Exhibit IV.

### FACTUAL ALLEGATIONS

12. In or around July of 2010, Defendant hired Plaintiff as a server.

13. Plaintiff's job duties as a server include ensuring guest satisfaction, practicing teamwork by assisting servers running food, greeting tables, refilling beverages, standing and exerting fast-paced mobility for periods of up to eight hours in duration, transporting plates, transporting glass racks and product cases, and bending, kneeling, and stooping in order to wipe down tables.

14. At all relevant times, Plaintiff was an exemplary employee of Defendant.

15. At all relevant times, Plaintiff suffered and continues to suffer from a

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1 disability that substantially limited one or more of her major life activities. Plaintiff has  
2 multiple sclerosis ("MS"), an autoimmune disease that affects the brain and central  
3 nervous system.

4 16. In or around July of 2011, an agent of Defendant, Don Thomas, became  
5 Plaintiff's supervisor.

6 17. In or around September 2011, Plaintiff informed her supervisor, Thomas,  
7 that she had MS, a medical condition.

8 18. Thomas harassed and/or demeaned Plaintiff based upon her disability.  
9 Thomas ridiculed Plaintiff and called her "slow."

10 19. Thomas treated Plaintiff differently than the other servers based upon  
11 Plaintiff's disability. Thomas frequently assigned Plaintiff to the back section of the  
12 restaurant, which was the first section to be released if there were not many customers in  
13 the restaurant and the shift was slow.

14 20. On or about June 19, 2011, Plaintiff worked a double shift in the bar area  
15 section. Plaintiff was not able to take a break on that day. While working, Plaintiff was  
16 talking to a regular customer while leaning on a barstool. Subsequently, Thomas  
17 instructed Plaintiff to leave immediately. Plaintiff attempted to explain the situation, but  
18 Thomas refused to listen to Plaintiff. Other similarly situated employees would speak to  
19 this regular customer while working and, upon information and belief, such employees  
20 were not disciplined.

21 21. On or about the next morning, Plaintiff called her general manager, Mark  
22 Mcfawn, to explain the situation that prompted Thomas to send Plaintiff home from work.  
23 The general manager instructed Plaintiff to speak with him the next day in person.

24 22. During her meeting with her general manager, Plaintiff informed him that  
25  
26  
27  
28

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1 she had MS, a medical condition.

2 23. Despite explaining the situation, Plaintiff's general manager who did not  
3 witness the incident administered an employee counseling statement in regards to the  
4 incident against Plaintiff. See attached employee counseling statement hereto as Exhibit  
5 V.

6 24. Subsequently, Thomas scheduled shifts for servers and scheduled Plaintiff  
7 during shifts in the morning that were slow shifts. Plaintiff was typically cut early during  
8 such scheduled shifts.

9  
10 25. Thomas continued to ridicule, demean, discriminate against and/or harass  
11 Plaintiff.

12 26. On or about November 5, 2011, Plaintiff was injured in a car accident while  
13 leaving work on Defendant's property. While Plaintiff was being transported into an  
14 ambulance, her general manager ran to the scene and yelled to Plaintiff, "make sure they  
15 know about your MS."

16  
17 27. Plaintiff received medical treatment in order to recover from her injuries.

18 28. On or about December 5, 2011, Plaintiff inquired about returning to work.  
19 Thomas stated to Plaintiff that she needed a doctor's release to return to work in order for  
20 her to be able to be scheduled to work again.

21 29. On or about December 9, 2011, Plaintiff received a doctor's release to  
22 return to work that allowed her to return to work on December 14, 2011 with a work  
23 restriction against lifting ice. See attached release document hereto as Exhibit VI.

24  
25 30. Upon information and belief, Defendant permitted other servers to work with  
26 the same restriction against lifting ice.

27 31. On or about December 10, 2011, Plaintiff delivered her doctor's release to  
28



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1 return to work to Defendant.

2 32. On or about two days after delivering her release to return to work to  
3 Defendant, Defendant left a voicemail message to Plaintiff informing Plaintiff that  
4 Defendant could not accept her release to return to work and that the human resources  
5 department required more paperwork.

6 33. On or about December 20, 2011, Plaintiff sent a facsimile message to  
7 Defendant again informing Defendant that she was released to return to work on  
8 December 14, 2011, but Thomas required more information from her doctor. Plaintiff  
9 contacted Defendant to request what additional information was needed to provide to her  
10 doctor. See attached facsimile message hereto as Exhibit VII.

11 34. Defendant did not respond to Plaintiff's facsimile message.

12 35. Defendant terminated and/or constructively discharged Plaintiff because of  
13 her disability.  
14

15 **COUNT I**  
16 **VIOLATION OF AMERICANS WITH DISABILITIES ACT/NRS 613.310**

17 36. Plaintiff hereby realleges and incorporates paragraphs 1 through 35 of this  
18 Complaint as though fully set forth herein.

19 37. At all times relevant, Plaintiff is a qualified individual under the ADA in that  
20 Plaintiff was an individual with a disability who has a physical impairment that  
21 substantially limits one or more major life activities, has a record of such impairment,  
22 and/or was a person who was regarded and/or perceived as having an impairment or  
23 disability.  
24

25 38. Plaintiff suffered from MS, an autoimmune disease that substantially limited  
26 one or more of her major life activities.

27 39. Plaintiff was released to return to work with a restriction in place that  
28



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1 restricted Plaintiff from lifting ice.

2 40. Plaintiff with or without reasonable accommodation could perform the  
3 essential functions of her job.

4 41. Upon informing Defendant of her impairment and her need for reasonable  
5 accommodation, Plaintiff was discriminated against and ultimately terminated based upon  
6 her actual disability and/or her perceived disability by Defendant in violation of the ADA.  
7 Further, Defendant discriminated against Plaintiff on the basis of her disability by failing to  
8 provide Plaintiff a reasonable accommodation and by failing to engage in the interactive  
9 process in good faith. Although Defendant could reasonably accommodate Plaintiff in  
10 compliance with Plaintiff's work restrictions, Plaintiff was terminated in violation of the  
11 ADA and based upon her disability.  
12

13 42. The acts and/or omissions of Defendant and their agents complained of  
14 herein are in violation of the Americans with Disabilities Act in that Defendant  
15 discriminated and harassed Plaintiff on the basis of her impairment, failed to offer Plaintiff  
16 a reasonable accommodation, failed to engage in the interactive process with Plaintiff,  
17 and/or discriminated against Plaintiff. Thus, and at all times relevant, Plaintiff was  
18 discriminated against in violation of the Americans with the Disabilities Act/NRS 613.330  
19 and terminated because of her disability.  
20

21 43. The acts and/or omissions of the Defendant and their agents complained of  
22 herein are in violation of the Americans with Disabilities Act in that Defendant harassed  
23 and discriminated against Plaintiff on the basis of having an actual and/or perceived  
24 disability and/or for having a record of a disability.  
25

26 44. The acts and/or omissions of the Defendant and their agents complained of  
27 herein are in violation of NRS 613.330 *et. seq.*  
28

1           45. As a direct and proximate result of Defendant's unlawful activity, Plaintiff  
2 has sustained damages in excess of \$10,000.00.

3           46. The conduct of Defendant has been malicious, fraudulent or oppressive and  
4 was designed to vex, annoy, harass or humiliate Plaintiff and, thus, Plaintiff is entitled to  
5 punitive damages with respect to her claim.

6           47. As a result of Defendant's conduct, as set forth herein, Plaintiff has been  
7 required to retain the services of an attorney and, as a direct, natural, and foreseeable  
8 consequence thereof, has been damaged thereby, and is entitled to reasonable attorney's  
9 fees and costs.  
10

11           **WHEREFORE**, Plaintiff prays for a judgment against Defendant as follows:

- 12           A. For general damages in excess of \$10,000.00;  
13           B. For special damages, where applicable, in excess of \$10,000.00;  
14           C. For compensatory damages in excess of \$10,000.00;  
15           D. For reasonable attorneys' fees and costs incurred in filing this action;  
16           E. For punitive damages on claims warranting such damages;  
17           F. Such other and further relief as this Court deems appropriate and just.  
18

19           Dated this 28<sup>th</sup> day of January 2015.  
20

21                           Respectfully submitted,

22                           GABROY LAW OFFICES

23                           By   /s/  Christian Gabroy    
24                           CHRISTIAN GABROY (#8805)  
25                           The District at Green Valley Ranch  
26                           170 South Green Valley Parkway,  
27                           Suite 280  
                              Henderson, Nevada 89012  
                              Tel   (702) 259-7777  
                              Fax   (702) 259-7704

**EXHIBIT I**

EEOC Form 5 (11/09)


<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <span style="float: right;"><b>487-2012-01160</b></span>	
<b>Nevada Equal Rights Commission</b> and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) <b>Ms. Linda D. Welsh</b>		Home Phone (Incl. Area Code) [REDACTED]	Date of Birth [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>FAMOUS DAVE'S #3161</b>		No. Employees, Members <b>Unknown</b>	Phone No. (Include Area Code)
Street Address <b>4390 Blue Diamond Road, Las Vegas, NV 89139</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest <b>04-01-2012</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): In or around July of 2010, I was hired by the Respondent.  In July of 2011, Don Thomas became my supervisor. Due to his ridicule and treatment of me, I informed Mr. Thomas that I was disabled. This did not stop Mr. Thomas from subjecting me to ridicule and reduced hours.  On or around 11/5/2011, I was in a car accident in the Respondent's parking lot. On or around 12/16/2011, I returned to work with a work release that had a restriction. Although others had been allowed to work with the same restriction, I was told by Mr. Thomas that I was not allowed to come back to work. On or about 04/01/2012, I was discharged. I believe my disability played a role in the discriminatory treatment I received.  I believe that I was discriminated against in violation of the American with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>SEP 04 2012</b> </div> I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief. SIGNATURE OF COMPLAINANT  <div style="text-align: center;"> <b>EEOC/LVLO</b>          SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE          (month, day, year) <b>INTAKE</b> </div>	
Sep 04, 2012 Date		 Charging Party Signature	

EXHIBIT II

Sept. 4 10AM

## PRE-COMPLAINT QUESTIONNAIRE INSTRUCTIONS

The United States Equal Employment Opportunity Commission (EEOC) can take only charges of illegal discrimination. This pre-complaint questionnaire is being given to help you decide whether or not your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A CHARGE. If you have difficulty understanding these instructions or need special assistance, please ask to speak to the Intake Officer of the Day.

This means that the unfair treatment you claim to have received must have happened because of one or more of the reasons below:

- Your Race
- Your Color
- Your Sex
- Your National Origin or Ancestry
- Your Religious Beliefs
- Your Age (If you are age 40 or over)
- Your Pregnancy
- Your Disability
- GINA (Genetic Information Non-Discrimination Act)
- Retaliation for the following: (1) because you opposed an act violating one of the laws enforced by the EEOC; (2) because you participated in any way in an investigation or proceeding conducted by the EEOC; or (3) because you associated with someone protected by one of the laws enforced by the EEOC.

UNFAIR TREATMENT THAT IS NOT DUE TO ONE OR MORE OF THE ABOVE REASONS IS NOT HANDLED BY THE EEOC. SOMETIMES EMPLOYMENT PRACTICES ARE UNFAIR, BUT NOT ILLEGAL.

Generally, a charge must be filed within 300 days of the date the alleged act of discrimination occurred. (Note: if you have already filed a charge with the Nevada Equal Rights Commission (NERC) covering the same actions, it may not be necessary for you to also file with the EEOC. Stop and ask to speak to an intake representative at (702) 388-5013.

If you believe that the action taken against you was based on one or more of the above reasons, please complete the attached questionnaire and return it to:

Return completed form to Parsonna Russel, OAA  
333 Las Vegas Boulevard South, Suite 8112  
Las Vegas, Nevada 89101  
(702) 388-5013, TDD (702) 388-5098 FAX (702) 388-5094  
For information about the laws enforced by EEOC go to [www.eeoc.gov](http://www.eeoc.gov)



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
INTAKE QUESTIONNAIRE**

**RECEIVED**

AUG 13 2012

EEOC/LVLO

INTAKE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

**1. Personal Information**

Last Name: Welsh First Name: Linda MI: Desiree

Street or Mailing Address: [REDACTED] Apt or Unit #: [REDACTED]

City: Henderson County: [REDACTED] State: NV Zip: 89052

Phone Numbers: Home: [REDACTED] Work: ( ) [REDACTED]

Cell: [REDACTED] Email Address: bossybass34@gmail.com

Date of Birth: [REDACTED] Sex: ☐ Male ☒ Female Do You Have a Disability? ☒ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☒ White  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? Irish

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Josephine Lynch Relationship: Aunt

Address: 2624 Fallon Fields Tr City: Henderson State: NV Zip Code: 89052

Home Phone: (702) 263-0796 Other Phone: (702) 497-3363

**2. I believe that I was discriminated against by the following organization(s): (Check those that apply)**

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More than 500

**3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No**

Date Hired: \_\_\_\_\_ Job Title At Hire: \_\_\_\_\_

Pay Rate When Hired: \_\_\_\_\_ Last or Current Pay Rate: \_\_\_\_\_

Job Title at Time of Alleged Discrimination: \_\_\_\_\_ Date Quit/Discharged: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_



4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☒ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:  
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): I have M.S. & after a car accident I was denied my job.

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.  
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: Sept. '11 Action: I informed my bosses that I had M.S. because they were making fun of me w/ other employees & cut my schedule 80%  
Name and Title of Person(s) Responsible: Don Thomas (manager) Mark McFarrin (G.M.)

B. Date: Nov. '11 Action: I was involved in a car accident & they refused my doctor's release to return to work.  
Name and Title of Person(s) Responsible: Don Thomas (manager) Mark McFarrin (G.M.)

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

My managers were making insensitive comments & made compensations for other employees but not for me.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Don & Mark said that they do not accept my release to return back to work. When confronted about my schedule they could not help me.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Tiffany Brown	White	server	When she was pregnant she was relieved of most duties.
B. Britney DeSantos	mix	hostess	My bosses accommodated her due to her pregnancy.

Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name      Race, Sex, Age, National Origin, Religion or Disability      Job Title      Description of Treatment

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated the *same* as you?

Full Name      Race, Sex, Age, National Origin, Religion or Disability      Job Title      Description of Treatment

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☒ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

I informed my bosses of my medical condition M.S. & after the car accident (that happened on their property) I was denied my job, now they are appealing my

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☒ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

mild pain pills, nausea, needle injections at night.

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☒ No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: \_\_\_\_\_

How did your employer respond to your request? \_\_\_\_\_

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. Kristine Orconsoli	hostess expo	(702) 260-4627	Don would make fun of me + nasty comments to her + other employees
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☒ Yes ☐ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: \_\_\_\_\_

16. Have you sought help about this situation from a union, an attorney, or any other source? ☒ Yes ☐ No  
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

I asked my attorney Christian Graboy for legal advice.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Jordan D. Wilson  
Signature

08.13.12  
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a).
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

**EXHIBIT III**



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Las Vegas Local Office

333 Las Vegas Blvd., South, Suite 8112  
Las Vegas, NV 89101  
Intake Information Group: (800) 669-4000  
Intake Information Group TTY: (800) 669-6820  
Las Vegas Status Line: (866) 408-8075  
Las Vegas Direct Dial: (702) 388-5013  
TTY (702) 388-5098  
FAX (702) 388-5094  
Website: [www.eeoc.gov](http://www.eeoc.gov)

EEOC Charge No. 487-2012-01160

Linda Welsh



Charging Party

Famous Dave's #3161  
4390 Blue Diamond Road  
Las Vegas, NV 89139

Respondent

**DETERMINATION**

Under the authority vested in me by the Commission's Procedural Regulations, I issue the following determination on the merits of the subject charge filed under the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. 12101-e et seq. ("ADA").

Respondent is an employer within the meaning of the ADA and all requirements for coverage have been met. Timeliness and all requirements for coverage have been met.

Charging Party alleges she was discriminated against because of her disability in that she was denied a reasonable accommodation in the form of working with restrictions and she was subsequently discharged, in violation of the ADA. Charging Party further alleges that she was ridiculed and her work hours were reduced by management following her request for a reasonable accommodation, in violation of the ADA.

The Commission finds that there is reasonable cause to believe that Respondent denied Charging Party a reasonable accommodation and subsequently discharged her because of her disability, in violation of the ADA.

This determination is final. When the Commission finds that violations have occurred, it attempts to eliminate the alleged unlawful practices by informal methods of conciliation. Therefore, I invite the parties to join with the Commission in reaching a just resolution of this matter. Disclosure of information obtained by the Commission during the conciliation process will be made only in accordance with the confidentiality provisions of the ADA and Commission Regulations.

**EEOC Determination**

**EEOC Charge No. 487-2012-01160**

**Page 2 of 2**

If the Respondent wishes to accept this invitation to participate in conciliation efforts, it may do so at this time by proposing terms for a conciliation agreement. Those terms should be provided to Amy Burkholder, Director, within fourteen (14) days of the date of this determination. The remedies for violations of the statutes we enforce are designed to make the identified victims whole, and to provide corrective and preventative relief.

Should the Respondent have further questions regarding the conciliation process or the conciliation terms it would like to propose, we encourage it to contact Director Burkholder. Should there be no response from the Respondent within fourteen (14) days, we may conclude that further conciliation efforts in this matter would be futile or non-productive.

On behalf of the Commission:

August 11, 2014  
Date


Amy Burkholder  
Amy Burkholder  
Director

**EXHIBIT IV**



EEOC Form 161-A (11/09)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE  
(CONCILIATION FAILURE)To: Linda D. Welsh  
From: Las Vegas Local Office  
333 Las Vegas Blvd South  
Suite-8112  
Las Vegas, NV 89101On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.	EEOC Representative	Telephone No.
487-2012-01160	Michael Mendoza, Investigator	(702) 388-5057

## TO THE PERSON AGGRIEVED:

This notice concludes the EEOC's processing of the above-numbered charge. The EEOC found reasonable cause to believe that violations of the statute(s) occurred with respect to some or all of the matters alleged in the charge but could not obtain a settlement with the Respondent that would provide relief for you. In addition, the EEOC has decided that it will not bring suit against the Respondent at this time based on this charge and will close its file in this case. This does not mean that the EEOC is certifying that the Respondent is in compliance with the law, or that the EEOC will not sue the Respondent later or intervene later in your lawsuit if you decide to sue on your own behalf.

**- NOTICE OF SUIT RIGHTS -**

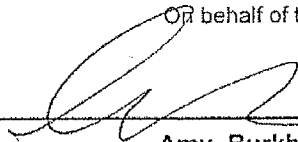
(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Amy Burkholder,  
Local Office Director

Enclosures(s)

NOV 06 2014

(Date Mailed)

CC:

Christian J. Gabroy, Esq.  
Gabroy Law Offices  
The District at Green Valley Ranch  
170 S. Green Valley Parkway  
Suite 280  
Henderson, NV 89102

EXHIBIT V

# **COMPANY CONFIDENTIAL EMPLOYEE COUNSELING STATEMENT**

Employee's Name: LINDA WELSHPosition: SERVERDepartment/Location: BLUE DIAMONDDate: 6-19-11

## **CONCERN**

### Description/Observation

LINDA WAS SITTING AT BAR TALKING TO A GUEST DURING  
HER SHIFT

Has employee been Counseled before? Yes <input type="radio"/> No <input checked="" type="radio"/>	Oral/Written			
	Date/Whom			
	Topic/Issues			

## **COMPANY REMARKS**

I have informed the employee of the following standards that will be expected of him/her in the future and the importance of the standards:

### Standards/Comments

LINDA HAS BEEN TOLD THAT THIS PRACTICE  
IS NOT EXCEPTABLE.

## **ACTION TO BE TAKEN**

I have informed the employee of the following consequences if he/she does not meet the above standards:

Comments IF SHE DOES IT AGAIN IT WILL RESULT IN ANOTHER  
WRITE-UP.

☒ No scheduled review

\_\_\_\_\_ This matter will be reviewed within \_\_\_\_\_ days

[Signature]  
Supervisor's Signature

ASSIST. MANAGER

Title

6-19-11

Date

[Signature]  
Department Manager

General Manager

Title

6-19-11

Date

## **EMPLOYEE RESPONSE**

I have read the "concern" and understand it. I understand I can submit comments or explanations of my own about this matter. I do \_\_\_\_\_ do not \_\_\_\_\_ wish to receive a copy of this statement.

[Signature]  
Employee's Signature

SERVER  
Title

06.25.11  
Date

# EXHIBIT VI

Dr. Bess L. Chang  
Board Certified Neurologist

Consultation  
EMG/NCV, EEG



# MEDICAL NEUROLOGY

8530 W. Sunset Road  
Suite 350  
Las Vegas, NV 89113

www.MedicalNeurologyLV.com  
Phone: (702) 851-1065  
Fax: (702) 851-1066

RESTAURANT MGMNT

avesBBQ

0000000000

PAGE 02/02

P. 2

## MEDICAL NEUROLOGY



### Contact Information:

Phone:  
(702) 851-1065  
Fax:  
(702) 851-1066

To Whom It May Concern:

Please excuse the above named person from work or school due to a medical appointment and/or to return to work/school with the below restrictions (if any):

Linda Welsh Was seen on December 9, 2011  
Patient Name  
and will be able to return to work on December 14, 2011  
Date  
under the following conditions:  
☐ No Restrictions  
☒ Light Duty  
☐ Restricted Duty as follows:  
no lifting etc.

Please don't hesitate to give us a call if you have any questions.

Sincerely,

*Bess L. Chang*  
Medical Neurology  
Dr. Bess Chang

# EXHIBIT VII

12/20/2011 11:24

818--780-0160

FEDEX OFFICE

1902

PAGE 01

**FedEx Office.**

FedEx Kinko's is now FedEx Office

**Fax Cover Sheet**

Date

12/20/11

Number of pages

2

(including cover page)

**To:**

Name

Josephine**From:**

Name

Linda

Company

Telephone

702-263-0796

Company

Telephone

818-231-2382

Fax

Comments

Please CALL ME A.S.A.P.  
818 231 2382

Fax - Local Send



Fax - Domestic Send



Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

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22765

702-633-7428



12/20/2011 11:24

FEDEX OFFICE 1902

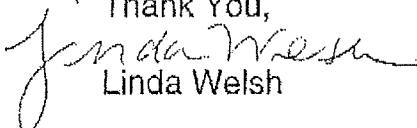
PAGE 02

December 20, 2011

To Famous Dave's

Attn: Mark

As you know I was injured in a car accident on 11-05-2011. I am continuously under doctor's care because of my head and back injuries. I have a doctor's release letter to return to work as of 12-14-2011. I brought this letter into Don last Friday hoping to be able to return to work. Don told me that human resources is requiring much more information from my doctor. Would you please fax me a written request so I can take this to my doctor therefore I will be able to provide the information needed to return to work. My fax number is 702-263-0796.

Thank You,  
  
Linda Welsh

**IAFD**

GABROY LAW OFFICES.  
 Christian Gabroy (#8805)  
 Ivy Hensel (#13502)  
 The District at Green Valley Ranch  
 170 South Green Valley Parkway, Suite 280  
 Henderson, Nevada 89012  
 Tel (702) 259-7777  
 Fax (702) 259-7704  
*Attorneys for Plaintiffs*

**DISTRICT COURT****CLARK COUNTY, NEVADA**

LINDA WELSH, an individual;

Case No.

Dept.

Plaintiff,

vs.

SONORAN BARBEQUE NEVADA, LLC.  
 dba and aka FAMOUS DAVE'S, a  
 Nevada limited liability company;  
 EMPLOYEE(S)/AGENT(S) DOES 1-10;  
 and ROE CORPORATIONS 11-20,  
 inclusive,

**Initial Appearance Fee Disclosure**

Defendants.

Pursuant to NRS Chapter 19, filing fees are submitted for parties appearing in the  
 above-captioned action as indicated below:

Linda Welsh, Plaintiff	\$270.00
------------------------	----------

TOTAL REMITTED	\$270.00
----------------	----------

Dated this 28th day of January 2015.

GABROY LAW OFFICES.

By: 

Christian Gabroy (#8805)

Ivy Hensel (#13502)

170 South Green Valley Parkway,  
Suite 280

Henderson, Nevada 89012

Tel (702) 259-7777

Fax (702) 259-7704

christian@gabroy.com

*ATTORNEYS FOR PLAINTIFF*

**GABROY LAW OFFICES**

170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

Electronically Filed  
03/31/2015 05:26:24 PM

  
CLERK OF THE COURT

**NOTC**

GABROY LAW OFFICES

Christian Gabroy, Esq. (#8805)

Ivy Hensel, Esq. (#13502)

The District at Green Valley Ranch

170 South Green Valley Parkway, Suite 280

Henderson, Nevada 89012

Tel (702) 259-7777

Fax (702) 259-7704

christian@gabroy.com

Attorneys for Plaintiff

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LINDA WELSH, an individual;

Plaintiff,

vs.

SONORAN BARBEQUE NEVADA, LLC,  
dba and aka FAMOUS DAVE'S, a  
Nevada limited liability company;  
EMPLOYEE(S)/AGENT(S) DOES 1-10;  
and ROE CORPORATIONS 11-20,  
inclusive,

Defendants.

Case No. A-15-713050-C  
Dept.: XXI

**NOTICE OF AFFIDAVIT OF SERVICE  
UPON DEFENDANT SONORAN  
BARBEQUE NEVADA, LLC**

**NOTICE OF AFFIDAVIT OF SERVICE UPON DEFENDANT SONORAN BARBEQUE  
NEVADA, LLC**

COMES NOW Plaintiff Linda Welsh by and through her attorney of record,

Christian Gabroy, Esq. of Gabroy Law Offices, and hereby Notices the Affidavit of

///

///

///

///

///

Service Upon Defendant Sonoran Barbeque Nevada, LLC. (see *Exhibit I*).

DATED this 31st day of March 2015.

RESPECTFULLY SUBMITTED,

GABROY LAW OFFICES

By



*Attorneys for Plaintiff*

GABROY LAW OFFICES

Christian Gabroy (#8805)

Ivy Hensel (#13502)

The District at Green Valley Ranch

170 South Green Valley Parkway, Suite 280

Henderson, Nevada 89012

Tel (702) 259-7777

Fax (702) 259-7704

GABROY LAW OFFICES

170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

**Exhibit I**

**EIGHT JUDICIAL DISTRICT COURT  
CLARK COUNTY**

Linda Welsh

Plaintiff,

Case No: A-15-713050-C

vs.

SONORAN BARBEQUE NEVADA, LLC

Defendant

**Declaration of Service**

STATE OF NEVADA  
COUNTY OF CARSON CITY ss.:



WADE MORLAN, being duly sworn says: That at all times herein affiant was and is a citizen of the United States over 18 years of age, not a party to nor interested in the proceedings in which this affidavit is made.

The affiant received copy(ies) of the **SUMMONS WITH COMPLAINT** on 03/25/2015 and served the same on 03/25/2015 at 2:33 PM by delivering and leaving a copy with:

**LINDA ROBERTSON, PROCESS SPECIALIST**, pursuant to NRS 14.020 as a person of suitable age and discretion, of the office of **THE CORPORATION TRUST COMPANY OF NEVADA**, registered agent for **SONORAN BARBEQUE NEVADA, LLC**, at the registered address of:

Service address: 311 S. Division St., Carson City, NV 89703

A description of **LINDA ROBERTSON** is as follows:

Sex	Color of skin/race	Color of hair	Age	Height	Weight
Female	White	Blonde	40S	5ft 10in	100-130lbs
Other Features:					

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on: 03/26/2015  
by WADE MORLAN

X  
WADE MORLAN  
Registration#: R-006823  
Reno/Carson Messenger Service, Inc. (Lic# 322)  
185 Martin Street  
Reno, NV 89509  
775.322.2424

No Notary is Required per NRS 53.045



\*61565\*



**Dugan, Sonja**

---

**From:** no-reply@tylerhost.net  
**Sent:** Wednesday, April 01, 2015 9:53 AM  
**To:** Dugan, Sonja  
**Subject:** Service Notification of Filing Case(Linda Welsh, Plaintiff(s)vs.Sonoran Barbeque Nevada, LLC, Defendant(s)) Document Code:(NOTC) Filing Type:(EFS) Repository ID(6815718)

This is a service filing for Case No. A-15-713050-C, Linda Welsh, Plaintiff(s)vs.Sonoran Barbeque Nevada, LLC, Defendant(s)

This message was automatically generated; do not reply to this email. Should you have any problems viewing or printing this document, please call (800)297-5377.

Submitted: 03/31/2015 05:05:24 PM

Case title: Linda Welsh, Plaintiff(s)vs.Sonoran Barbeque Nevada, LLC, Defendant(s)  
Document title: NOTICE OF AFFIDAVIT OF SERVICE UPON DEFENDANT SONORAN BARBEQUE NEVADA, LLC  
Document code: NOTC Filing Type: EFS  
Repository ID: 6815718  
Number of pages: 4  
Filed By: Gabroy Law Offices

To download the document, click on the following link shown below or copy and paste it into your browser's address bar.

<https://wiznet.wiznet.com/clarknv/SDSubmit.do?code=6517203ea2a3e1099ba616ea060c7dae0c6abd9374002f190a8268edfe921a46c1bb3b830ebc2152>

This link will be active until 04/10/2015 05:05:24 PM.

Service List Recipients:  
Gabroy Law Offices  
Chelsea Stuart  
Christian Gabroy, Esq.  
Ivy Hensel

Snell & Wilmer L.L.P.  
DOCKET  
Maricris Williams  
Sonja Dugan

Non Consolidated Cases  
EFO \$3.50EFS \$5.50  
SO \$3.50

6517203EA2A3E1099BA616EA060C7DAE0C6ABD9374002F190A8268EDFE921A46FE4CBFAA99DE55086C033F99811655  
CA  
mail.tylerhost.net